

**Parks and Recreation** | 1155 28th St SW, Wyoming, MI 49509 616.530.3164 | Fax 616.249.3400 | wyomingmi.gov

PARTICIPANT WAIVER - ADULT	
Wyoming program: Adult Kickball	
Manager's name:	Team name:
Participant's name:	Birthdate:
Participant's email:	Cell number:
Participant's address:	
1. I acknowledge the following:	
A. Participation in athletic, fitness, and other City of Wyoming ("Videntified above (the "Identified Activity") includes personal risks of injury.	
B. For example, the novel coronavirus, COVID-19, spread to becon asymptomatic carriers. The most diligent screening and other disease pr Such efforts can only reduce the risk of exposure and spreading them.	
C. Wyoming cannot make City Parks and Recreation programs risk minimize risks of participating in the Identified Activity. Along with c programs will be a risk of contagion exposure or infection.	
D. Those participating in Wyoming Parks and Recreation programs do	so at their own risk.
2. I promise:	
A. I will comply with all Wyoming ordinances, rules, regulations, and $\boldsymbol{\mu}$	policies regarding participation in the Identified Activity.
B. I will specifically comply with Wyoming's infectious disease-relate policies requiring use of personal protective equipment (such as cloth m so to lower others' risks.	
3. I grant permission to Wyoming to use my picture or likeness or a v advertisement or internet publication for Wyoming or its constituent d	
4. I voluntarily assume all risk of the Identified Activity and voluntarily and appointed officers and board members, employees, volunteers and statements of Wyoming and Wyoming's elected and appointed officers	d insurance carrier(s) due to the negligence, acts, omissions of
5. For myself, members of my family and others who may have a converge who may have a converge who was an appointed officers and board harmless from any claims for personal injury, property damage, or illnes or others that arise from the Identified Activity, even if due to the negliacts, omissions or statements of Wyoming and Wyoming's elected volunteers.	d members, employees, volunteers and insurance carrier(s ss that may be suffered by the me, any of my family members gence, acts, omissions or statements of due to the negligence

- 6. For myself, members of my family and others who may have a claim due to my participation in the Identified Activity or Facility Use, I promise not to sue Wyoming and Wyoming's elected and appointed officers and board members, employees, volunteers or insurance carrier(s) for personal injury, property damage, or illness that may be suffered by me, any of my family members, or others that arise from or during the Identified Activity, even if due to the negligence, acts, omissions or statements of due to the negligence, acts, omissions or statements of Wyoming and Wyoming's elected and appointed officers and board members, employees, or volunteers.
- 7. I understand Wyoming is relying on and agree Wyoming may rely upon this Participant Waiver in allowing participation in the Identified Activity.

I am signing this Participant Waiver freely without hesitation or coercion.

	Date signed:
Participant's Signature	